

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT 01-JUN-2014		TIME 01:34:00		2. ADDRESS OF OCCURRENCE 1537 N TALMAN AVE CHICAGO, IL 60622		3. LOCATION CODE 290		4. BEAT/OCCUR 1423		4a. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 SW <input type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT VIDEO					
		5. POSITION 9161		6. LAST NAME KONIOR		7. FIRST NAME SCOTT N		8. STAR NO. 14328		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 600		12. HT. 185	
SUBJECT INFORMATION		14. DATE OF APPT. 25-OCT-2004		15. EMPLOYEE NO. [REDACTED]		16. UNIT & SEAT OF ASSIGNMENT 014 1462C		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
		20. LAST NAME RODRIGUEZ		21. FIRST NAME CRUZ		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B. 26-JUL-1951		26. HT. 508		27. WT. 200	
REASON FOR USE OF FORCE (Check all that apply)		28. ADDRESS 1537 N TALMAN AVE CHICAGO, IL 60622		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		HANDS/FISTS		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
		32a. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None		33. WHERE WAS MEDICAL TREATMENT OBTAINED? ST MARY OF NAZARETH HOSPITAL CENTER		34. BY WHOM? DR. SCHROEDER		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid									
SUBJECT'S ACTIONS		36. CHARGES PLACED 520 ILCS 5.0/1.22, 720 ILCS 5.0/12-3.05-D-4		37. CB NO. 18905557		IR NO. <input type="checkbox"/> DNA											
		38. CHARGES PLACED 520 ILCS 5.0/1.22, 720 ILCS 5.0/12-3.05-D-4		37. CB NO. 18905557		IR NO. <input type="checkbox"/> DNA											
MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE							
		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER _____ PERCEIVED AS _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____ PERCEIVED AS _____							
MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> LRAD WITH AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input checked="" type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____							
		WEAPON DISCHARGE INCIDENT		* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		RANK		STAR NO.		UNIT NO.		40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		40c. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member											
WEAPON DISCHARGE INCIDENT		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR									
		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE									
WEAPON DISCHARGE INCIDENT		49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.							
		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED							
WEAPON DISCHARGE INCIDENT		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)									
		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO											
WEAPON DISCHARGE INCIDENT		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)									
		70. ADDITIONAL INFORMATION LOG# 1081170															

CASE INFORMATION	NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			70. EVENT NO. 1415201394		
	40. ADDITIONAL INFORMATION <div style="border: 1px solid black; height: 40px;"></div>					
SIGNATURES	73. REPORTING MEMBER (Print Name) KONIOR, SCOTT N 01-JUN-2014 07:25:46		STAR/EMPLOYEE NO. 14328 <div style="background-color: black; width: 50px; height: 15px;"></div>	SIGNATURE <div style="background-color: black; width: 100px; height: 20px;"></div>	71. R.D. NO. HX284801	
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.					
	74. REVIEWING SUPERVISOR (Print Name) BREIMON, GERALD C		STAR NO. 869	SIGNATURE <div style="background-color: black; width: 50px; height: 15px;"></div>		DATE REVIEWED TIME 01-JUN-2014 07:31:03

Additional discharged weapons:

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE OF DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was unruly and combative and taken directly to 019 lockup.

76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

The officer's actions were proper in dealing with a belligerent, combative assailant.

77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☐ I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

☐ LOG NO. _____ OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE

☐ IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

MULKERIN, MICHAEL J

BO

TRR

OF

TRR(S)

81. TOTAL TRR'S THIS EVENT No.

4

SIGNATURE

DATE COMPLETED

TIME

01-JUN-2014 08:00:43

LOG# 1081170

Attachment 17